

## Identify when you are not assertive

Everyone has certain people or situations that trigger non-assertive behaviors. This questionnaire will help you identify:

- WHO
- WHEN, and
- WHAT

makes assertiveness difficult for you.

### A) WHO makes you behave non-assertively?

Select any people that bring out non-assertive behaviors in you:

- |   |  |
|---|--|
| <input type="checkbox"/> Authority figures (teachers, police, doctors, commanding officers, etc.) | <input type="checkbox"/> People you hire to help (repair person, gardener) |
| <input type="checkbox"/> Co-workers   | <input type="checkbox"/> Relatives   |
| <input type="checkbox"/> Employees  | <input type="checkbox"/> Sales clerk, waiter, or waitress                  |
| <input type="checkbox"/> Employer or supervisor   | <input type="checkbox"/> Spouse/partner                                    |
| <input type="checkbox"/> Friends  | <input type="checkbox"/> Strangers   |
| <input type="checkbox"/> Group of familiar people   | <input type="checkbox"/> Telemarketer or bill collector                    |
| <input type="checkbox"/> Group of strangers   | <input type="checkbox"/> Your child/children                               |
| <input type="checkbox"/> Members of a group you belong to   | <input type="checkbox"/> Other: _____                                      |
| <input type="checkbox"/> Neighbor   |  |

**B) WHEN do you behave non-assertively?**

Select all of the situations where you tend to act in a passive, aggressive, passive-aggressive, or manipulative way:

- Accepting a compliment
- Asking for approval
- Asking for a raise
- Asking for an explanation of something you don't understand
- Asking for a favor
- Asking for feedback about yourself
- Being interviewed
- Complaining about a "rip off"
- Dealing with people who always want things their way
- Expressing negative feelings like anger or guilt
- Expressing positive feelings like love or happiness
- Expressing your own idea or solution
- Expressing physical affection
- Giving instructions or commands
- Objecting to someone else's emotional outburst
- Objecting to someone else's annoying habits
- Objecting to nit-picking and criticizing
- Objecting to attempts to make you feel guilty
- Objecting to aggressive behavior
- Participating in a group discussion
- Requesting aid (time, money, work)
- Requesting information
- Requesting cooperation
- Requesting service
- Requesting something from an authority figure (police, doctor, teacher, etc.)
- Requesting a refund or a change to a bill
- Returning things to a store
- Saying no to requests for time or money
- Stating a difference of opinion
- Taking an independent stand

**C) WHAT topics make you behave non-assertively?**

Select all of the topics that tend to bring out non-assertive behaviors in you:

- Achievement of others
- Appearance of others
- Changes in viewpoints between young and old
- Child rearing practices
- Choice of work, career
- Death or illness
- Differing tastes in foods, fun activities, music, etc.
- Divorce or separation
- Education issues
- Finances or use of money
- Hobbies
- How you use your free time
- Human body and its functions
- Medical problems
- Mistakes you make
- Politics
- Prejudice and racial issues
- Religion, spirituality, and philosophy
- Sex
- Societal problems like crime, drugs, housing, poverty, taxes, unemployment, welfare, etc.
- Women's rights or men's rights
- Your achievements
- Your appearance

**D) Rating the situation**

For each item, rate how uncomfortable it makes you, or how threatening it seems to approach the situation assertively. Use the scale you see here, where 1 is a little uncomfortable and 5 is extremely uncomfortable (Fill in the blanks under **WHO**, **WHEN**, and **WHAT** with responses from the corresponding sections above). Use this list as your guide while you work on your assertiveness skills. Start by practicing new skills with some of the ones that you rated as somewhat uncomfortable and then work your way up.

	A little uncomfortable					Extremely uncomfortable
	1	2	3	4	5	
<b>WHO</b>						
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>WHEN</b>						
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>WHAT</b>						
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

